

FACILITY ID# _____

Washington Trauma Registry - Abstract Form (ED Transfers)

Bolded Items are Required Fields

SECTION I DEMOGRAPHIC DATA		Hospital Index # (Pt Billing #)		Trauma Band #		Readmission? Y / N	
Abstractor		Abstract Date Mo Day Year		Patient ID# (Medical Records #)			
Patient Name Last		First		MI	Date of Birth Mo Day Yr		Age (if no DOB)
Sex 1 Male 2 Female	Pregnant? Y / N	Race 1 White 2 Black	3 Native American 4 Asian 5 Other	Ethnicity 1 Hispanic 2 Non-Hispanic		Social Security Number ____-____-____	Home Zip Code
Demographic Memo							

SECTION II INJURY DATA		Injury Date / /	Injury Time :	Place of Injury Zip	Place of Injury Occurrence E849		
Injury Description (Details)					0 Home	3 Industrial Place	6 Public Building
					1 Farm	4 Place for Sports/Rec	7 Residential Institution
					2 Mine/Quarry	5 Street/Highway	8 Other Specified Place
					9 Unspecified Place		
Primary Ecode _____	Mechanism of Injury (Select One)				Work Related? Y / N		
Secondary Ecode _____					Protective Devices		
Type of Injury 1 Blunt 2 Penetrating 3 Other (burn, asphyxiation, submersion)	AC Other Accident or Injury AN Animal Caused Injury AS Beating, Fight, or Assault without weapon	FA Fall GS Firearms (gunshot) KN Sharp Instrument (knife) MC Motorcycle (including Motorcycle vs. Car)			00 None 01 Lap Belt 02 Shoulder Belt 03 Lap/Shoulder 04 Safety Belt 05 Airbag Only 06 Airbag Belt 07 Helmet	08 Infant/Child/Booster Seat 09 Other 10 Personal Flotation Device (PFD) 11 Gunlock or Lock Box	
Injury Memo							

SECTION III PREHOSPITAL DATA		Transport Mode 1 Ground Ambulance 2 Helicopter 3 Fixed Wing 4 Police 5 Private Vehicle 6 Other	First on Scene _____	Transporting Agency ID _____	Prehospital Run Form Available? Y / N	
Extrication? Y / N		Level of Transport 1 ALS 2 ILS 3 BLS	Unit #	Run #		
Extrication >20 Minutes? Y / N				Mass Casualty Incident Declared? Y / N		
Response Area Type 1 Urban 2 Suburban 3 Rural 4 Wilderness	Reason For Destination				Prehospital Times	
Prehospital System Activated? Y / N	0 Did Not Transport 1 Nearest Hospital 2 Trauma Protocols (highest designated facility within 30 minutes) 3 Medical Control Direction 4 Patient or Family Request 5 Patient's Physician Request 6 Divert From Another Hospital 7 Other				Dispatch: Date: ____/____/____ Time: ____:____	
					Scene Arrival: Time: ____:____ Left Scene: Time: ____:____	
		Incident County Code: _____				
Nailbed 1 2 or Less Seconds 2 More Than 2 Seconds 3 No Response	GCS Eye Opening 1 None 2 To Pain 3 To Voice 4 Spontaneous	GCS Verbal Response 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented	GCS Motor Response 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands	GCS Total _____	Was Patient Intubated At The Time of GCS? Y / N	
Pupils 1 Equal 2 Not Equal					Patient Pharmacologically Paralyzed At Time of GCS? Y / N	

Prehospital Vital Signs Time _____ : _____ Vitals from First Agency Y / N Posture 1 Lying 2 Sitting 3 Upright		Pulse Rate _____ Respiratory Rate _____ Systolic Blood Pressure _____	Respirations 1 Normal 2 Labored/Shallow 3 <10 per min or intubated	Prehospital Index Consciousness 1 Normal 2 Confused/Combative 3 No Intelligible Words	Penetrating Wound (chest/abdomen) 1 Yes 2 No	PHI Total _____
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Field Interventions 00 None 01 O2 02 Wound Care 03 Extrication/Rescue 04 Splinting 05 Cervical Collar, Backboard 07 ECG Monitor 08 Oral Airway/Bag Mask 10 CPR 11 Shock Trouser 12 Automatic DC Shock	13 Manual DC Shock 14 Endotracheal Intubation 17 IV, Central Line 18 IV, Peripheral 19 IV, Interosseous 20 Needle Thoracostomy 21 Pericardiocentesis 22 Cricothyrotomy 24 Multilumen Airway 25 Baseline Blood 26 Blood Transfusion 23 Other	Field Interventions (Drug Therapy) 51 Diphenhydramine 52 Anticholinergic-Antimuscarinic/Antispasmodic 53 Sympathomimetic 54 Skeletal Muscle Relaxants 55 Coagulants & Anticoagulants: Heparin 56 Cardiac Drugs 57 Vasodilating Agents 58 Nonsteroidal: Aspirin 59 Opiate Agonists: Meperidine, Morphine 60 Opiate Antagonists: Naloxone 61 Misc: Acetaminophen 62 Benzodiazepines: Diazepam 63 Misc: Magnesium Sulfate 64 Benzodiazepines: Lorazepam 65 Alkalinizing Agents: Sodium Bicarbonate 66 Replacement: Calcium 67 Caloric Agents: Dextrose & Water 68 Diuretics 69 Antacids/Absorbents: Activated Charcoal 70 Emetics: Ipecac 71 Misc GI: Metoclopramide 72 Adrenals: Dexamethasone, Methylprednisolone 73 Antidiabetic-Misc: Glucagon 74 Other Medications
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Triage Criteria Used Step 1 <u>Vital Signs/Level of Consciousness</u> 01 Systolic BP<90 (PEDS: BP <90 or capillary refill >2 seconds) 02 Heart Rate >120 (PEDS: HR <60 or >120) 03 Respiratory Rate <10 or >29 04 Altered Mental Status Step 2 <u>Assess Anatomy of Injury</u> 05 Penetrating Injury of Head, Neck, Torso, Groin 06 Combination of Burns ≥ 20% or Involving Face/Airway 07 Amputation Above Wrist or Ankle 08 Spinal Cord Injury 09 Flail Chest 10 Two or More Obvious Proximal Long Bone Fractures	Step 3 <u>Biomechanics of Injury</u> 11 Death of Same Car Occupant 12 Ejection of Patient From Enclosed Vehicle 13 Falls ≥20 Feet 14 Pedestrian Hit at ≥ 20 MPH or Thrown ≥ 15 Feet <u>High Energy Transfer Situation</u> 15 Rollover 16 Motorcycle, ATV, Bicycle Accident 17 Extrication Time >20 Minutes 18 Significant Intrusion <u>Other Risk Factors</u> 19 Extremes of Age (<15 or >60) 20 Hostile Environment (Extremes of Heat or Cold) 21 Medical Illness (such as COPD, CHF, Renal Failure, Etc.) 22 Second or Third Trimester Pregnancy 23 Gut Feeling of Medic
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Pediatric Trauma Score (PTS) _____	Revised Trauma Score (RTS) _____	
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TRANSFER DATA	Transport Mode 1 Ground Ambulance 2 Helicopter 3 Fixed Wing 4 Police 5 Private Vehicle 6 Other	Level of Personnel 1 ALS 2 ILS 3 BLS	Transporting Agency ID _____ Unit # _____	Run Form Available? Y / N	Interfacility Transport Times Dispatch: Date: ____/____/____ Time: ____:____ Arrival: Time: ____:____ Left Ref Hospital Time: ____:____
Transfer In? Y / N					
Transport From ____	If Other ____	Reason For Referral ____		Arrive Ref Hospital Date: ____/____/____ Time: ____:____	Depart Ref Hospital Date: ____/____/____ Time: ____:____

Referring Fac. Interventions (list on page 6) _____ _____ _____	Prehospital Memo _____ _____ _____
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SECTION IV EMERGENCY DEPT DATA	Date & Time Entered ED Date: ____/____/____ Time: ____:____	DOA? Y / N	Trauma Team Activated? Y / N	Response Level 1 Full Trauma Response 2 Modified Trauma Response 3 Trauma Consult 4 None
Direct Admit? Y / N				

ED Procedures (list on page 6) _____ _____ _____	CT Scan of Head Date and Time Date ____/____/____ Time ____:____	BAC Done? Y / N Tox Screen? Y / N	BAC (mg/dl) _____ Tox Results 1 Positive 2 Negative	Drugs Found 00 None 01 Opiates 02 Cocaine 03 Amphetamines 04 Cannabis 05 Barbiturates 06 Other
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Time Elapsed in Radiology _____ minutes	Was there a diagnosis at discharge of cervical spine injury not indicated in admission diagnosis? Y / N	Did the patient sustain a gunshot wound to the abdomen and receive non-operative management? Y / N	Did the patient sustain a stab wound to the abdomen and receive non-operative management? Y / N
Pre-Existing Conditions (select up to six) 00 None 11 Cancer 01 GI 12 Cirrhosis 02 Cardiac 13 Alcohol Abuse 03 Collagen 14 Previous Trauma 04 Obesity 15 CVA 05 Drug Abuse 16 Hypertension 06 Tobacco 17 Psychiatric 07 Seizures 99 Other 08 OBS 09 Diabetes _____ 10 Respiratory	GCS Eye Opening 1 None 2 To Pain 3 To Voice 4 Spontaneous	GCS Verbal Response 1 None 2 Incomprehensible (Under 2, Agitated/Restless) 3 Inappropriate Words (Under 2, Persistent Crying) 4 Confused 5 Oriented	GCS Motor Response 1 None 2 Abnormal Extension 3 Abnormal Flexion 4 Withdraws to Pain 5 Localizes Pain 6 Obeys Commands
	GCS Total _____		Pediatric Trauma Score (PTS) _____
	Was patient intubated at the time of the first GCS? Y / N		
	Was the patient pharmacologically paralyzed at the time of the first GCS? Y / N		
Did patient receive transfusion of platelets of fresh frozen plasma within 24 hours of arrival at emergency department after having received <8 units of packed red blood cells or whole blood? Y / N	Vital Signs		
	First Pulse Rate _____	First Spontaneous Respiratory Rate _____	Hematocrit Level _____
	Respiratory Rate Controlled? Y / N	First Systolic Blood Pressure _____	
	Controlled Respiratory Rate _____	Lowest Systolic Blood Pressure _____	Temperature _____ Temperature In F / C
Revised Trauma Score (RTS) _____		Vital Signs Recorded Every Hour? Y / N	

Care Issues (select up to three)		
00 None 01 Transferred to Appropriate Facility 02 Emergency Physician Availability 03 Trauma Team Activation 04 Trauma Team Arrival 05 General Surgeon 06 General Surgeon Arrival 07 Specialist Call 08 Specialist Arrival 09 Transfer Out to Appropriate Facility 10 Delay In Transfer Out 11 Met Transfer Criteria, Not Transferred Out	12 Blood Availability 13 CT Scan Availability 14 MRI Availability 15 Diagnostic Test Results Availability 16 Equipment Malfunction 17 Equipment Not Readily Available 18 Indicated Procedure Not Performed 19 Indicated Diagnostic Test Not Ordered or Not Performed 20 OR Acceptance 21 Delay of Pain Medication 23 Critical Care Bed Not Available 24 Ward Bed Not Available	25 Missed Injury 26 Unrecognized or Untreated Hypothermia 27 Unrecognized or Untreated Hypovolemia 28 Aspiration Due to C-Spine Restraints 31 Cardiac Arrest Outside of ED (ie, CT) 32 Chest Tube Displacement 33 Intubation, Esophageal 34 Intubation, Mainstem 35 Intubation, Tube Displacement 36 Medication Not Available 37 Neurovascular Changes after Splinting 38 Other
Specify if Other:		

Trauma Team Physicians			
ED Physician ID# _____ Time Called _____:_____ Time Arrived _____:_____ Orthopedic Surgeon ID# _____ Time Called _____:_____ Time Arrived _____:_____	Trauma Surgeon ID# _____ Time Called _____:_____ Time Arrived _____:_____ Pediatric Surgeon ID# _____ Time Called _____:_____ Time Arrived _____:_____	Anesthesiologists ID# _____ Time Called _____:_____ Time Arrived _____:_____ Consulting Physician ID# _____ Time Called _____:_____ Time Arrived _____:_____	Neurosurgeon ID# _____ Time Called _____:_____ Time Arrived _____:_____ ENT/Plastic Surgeon ID# _____ Time Called _____:_____ Time Arrived _____:_____
Transferred Out of ED Date ____/____/____ Time ____:____		ED Discharge Disposition 03 Other Acute Care Facility	
		ID of Receiving Facility _____	

For ED Transfers to Other Acute Care Facility

Was patient seen in ED and admitted to the hospital within 72 hours of initial evaluation? Y / N	Admitting Service		If Other	Did the patient leave ED with a mechanical airway established? Y / N	
	01 Trauma 02 Neurosurgeon 03 Orthopedic Surgeon 04 ENT/Plastic Surgeon 05 Thoracic 06 Pediatric Surgeon	07 Pediatrics 08 Other Surgical Service 09 Other Non-surgical Service		Attending MD	If the patient required a laparotomy, was it performed within 2 hours of ED admission? Y / N

Emergency Dept Memo

SECTION VI OTHER IN-HOUSE PROCEDURES	Procedure	Location	Date	Location Codes
	1. _____	_____	____/____/____	01 ICU/CCU
	2. _____	_____	____/____/____	02 Ward/Floor
	3. _____	_____	____/____/____	03 Radiology/Angiography
	4. _____	_____	____/____/____	04 Special Procedure Unit
	5. _____	_____	____/____/____	05 Short Stay Unit
	6. _____	_____	____/____/____	06 Pediatrics
	7. _____	_____	____/____/____	07 Pediatric ICU
	8. _____	_____	____/____/____	08 Progressive Care Unit
	9. _____	_____	____/____/____	09 Other In-house location (excluding OR)
	10. _____	_____	____/____/____	

SECTION VIII OUTCOME DATA	Date & Time of Discharge/Death	Discharge Disposition	
	(Date) ____/____/____ (Time) ____:____	5 Other Acute Care Facility	ID of Acute Care Facility _____
Payer Source(s) (select up to two) 00 None 08 Self Pay 01 Medicare 10 Commercial Insurance 02 Medicaid 11 Health Care Service Contractor 03 Labor & Industries (L&I) 12 Other Sponsored Patients 04 Health Maintenance Organization (HMO) 13 Charity Care 05 Other Insurance		Financial Data Financial Data Available at this Time? Y / N	
		Total Hospital Charges \$ _____	
		Primary Payer Reimbursement \$ _____	
		Secondary Payer Reimbursement \$ _____	
		Total Reimbursement \$ _____	
Total Reimbursement \$ _____			
Discharge Memo			

[illegible]

Manual Coding Section

AIS Version_____

[illegible][illegible][illegible]

Non-Trauma ICD-9 Codes

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

For ED Transfers to Other Acute Care Facility

ED Procedure & Referring Facility Interventions		
00 None	15 Cutdown	66 MRI Pelvis
210 Acetaminophen	16 Cystogram	67 MRI Thoracic Spine
01 Airway, Endotracheal Intubation	17 Defibrillation	29 Naso- or Oro-gastric Tube
03 Angiography, Arteriogram, or Aortogram	33 Diagnostic Peritoneal Lavage (DPL)	203 Neuromuscular Blocking Agents
224 Antibiotics	217 Diuretics (Lasix, mannitol, etc.)	207 Nonsteroidal Anti-inflammatory Drugs (aspirin, ibuprofen, ketorolac, etc.)
04 Arterial Blood Gases	18 Doppler Study	208 Opiates
05 Arterial Line	19 ECG Monitor	46 Other
06 Autotransfusion	57 Echocardiogram	31 Oxygen
02 Bag/Valve/Mask Ventilation	20 Fetal Heart Rate Monitor	32 Pericardiocentesis
07 Baseline Blood	58 Fetal Heart Tone Auscultation	68 Pulse oximetry
209 Benzodiazepine Antagonist or Opiate Antagonist	21 Fluid Resuscitation	08 Repeat H & H
211 Benzodiazepines (valium, Ativan, versed, etc.)	22 Foley Catheter	34 Shock Trouser
09 Blood Product Transfusion	220 GI Drugs (droperidol, metoclopramide, etc.)	35 Skeletal Traction
47 Bronchoscopy	59 HCG, Urine or Serum	36 Splinting
48 Capnography or End Tidal CO2	60 Hyperventilation	221 Steroids
205 Cardiovascular Drugs (epinephrine, lidocaine, etc.)	225 Immunizations, vaccinations	37 Suture or Staple of Laceration
11 Cervical Collar or Backboard	23 Intracranial Pressure Monitor	38 Temperature Monitor
12 Closed Reduction(s)	24 IV, Central Line	40 Thoracostomy, Chest Tube
10 CPR	25 IV, Intraosseous	39 Thoracostomy, Needle
49 CT Abdomen	226 IV, Isotonic crystalloids (NS, LR, etc)	30 Thoracostomy (Open Chest)
50 CT Cervical Spine	26 IV, Peripheral	41 Tongs or Halo
51 CT Chest	27 K-wire or Steinman Pin Insertion	42 Tracheostomy or Cricothyroidotomy
52 CT Facial	61 MRI Abdomen	69 Ultrasound
13 CT Head	62 MRI Brain	43 Warming Methods
53 CT Lumbar-Sacral Spine	28 MRI Cervical Spine	44 Wound Care
56 CT Other	63 MRI Chest	45 X-ray
54 CT Pelvis	64 MRI Lumbar or Sacral Spine	
55 CT Thoracic Spine	65 MRI Other	

ID	Facility	ID	Facility	ID	Facility
146	Allenmore Hosp.	140	Kittitas Valley Comm. Hosp. – Ellensburg	026	St. John Med. Center – Longview
183	Auburn Regional Medical Center	008	Klickitat Valley Hosp. – Goldendale	145	St. Joseph Hosp. – Bellingham
197	Capital Med. Center – Olympia	165	Lake Chelan Comm. Hosp.	032	St. Joseph Hosp. – Tacoma
158	Cascade Med Center – Leavenworth	137	Lincoln Hosp. – Davenport	194	St. Joseph Hosp. of Chewelah
106	Cascade Valley Hosp. – Arlington	022	Lourdes Medical Center – Pasco	950	St. Joseph Reg. Medical – Lewiston, Idaho
168	Central Washington Hosp. – Wenatchee	720	Madigan Army Med. Center – Fort Lewis	050	St. Mary Med. Center – Walla Walla
014	Childrens Hosp. Reg. Med. Center – Seattle	186	Mark Reed Hosp. – McCleary	138	Stevens Hospital – Edmonds
045	Columbia Basin Hosp. – Ephrata	175	Mary Bridge Childrens Hosp. – Tacoma	198	Sunnyside Comm. Hosp.
150	Coulee Comm. Hosp.	152	Mason General Hosp. – Shelton	001	Swedish Med. Center – Seattle
965	Darrington Clinic	147	Mid-Valley Hosp. – Omak	176	Tacoma General Hosp.
141	Dayton General Hosp.	173	Morton General Hosp.	199	Toppenish Community Hospital
037	Deaconess Med. Center – Spokane	030	Mount Carmel Hosp. – Colville	108	Tri-State Memorial Hosp. – Clarkston
042	Deer Park Hospital	701	Naval Air Station (US) – Whidbey Island	967	United General Hosp. – Sedro Woolley
111	East Adams Rural Hosp. – Ritzville	704	Naval Regional Med. Ctr. – Bremerton	128	Univ. of Wash. Med. Center – Seattle
507	Eastern State Hosp. – Spokane	021	Newport Comm. Hosp.	104	Valley Gen. Hosp. – Monroe
916	Emanuel Hosp. – Oregon	107	North Valley Hosp. – Tonasket	180	Valley Hosp. & Med. Ctr. – Spokane
035	Enumclaw Community Hospital	130	Northwest Hosp. – Seattle	155	Valley Med. Center – Renton
164	Evergreen Hosp. Med. Ctr. – Kirkland	079	Ocean Beach Hosp. – Ilwaco	705	Vet. Admin. Hosp. – American Lake
707	Fairchild AFB Hosp.	080	Odessa Memorial Hosp.	710	Vet. Admin. Hosp. – Seattle
167	Ferry County Mem. Hosp. – Republic	917	OHSU Hosp.- Oregon	715	Vet. Admin. Hosp. – Spokane
148	Fifth Avenue Medical Center – Seattle	023	Okanogan-Douglas Cnty. Hosp. – Brewster	700	Vet. Admin. Hosp. – Vancouver
054	Forks Comm. Hosp.	038	Olympic Memorial Center – Port Angeles	010	Virginia Mason Hosp. – Seattle
082	Garfield Cnty. Hosp. District – Pomeroy	125	Othello Comm. Hosp.	044	Walla Walla General Hosp.
084	General Hosp. Med. Center – Eureka	131	Overlake Hosp. Med. Ctr. – Bellevue	913	Walla Walla Memorial Hosp. – Oregon
081	Good Samaritan Hosp. – Puyallup	914	Pioneer Memorial Hosp. – Oregon	506	Western State Hosp. – Steilacoom
915	Good Shephard Hosp – Oregon	046	Prosser Memorial Hosp.	156	Whidbey General Hosp. – Coupeville
911	Grande Ronde Hosp. – Oregon	191	Providence Hosp. – Centralia	153	Whitman Hosp. & Medical Center – Colfax
063	Grays Harbor Comm. Hosp. – Aberdeen	027	Providence Hosp. – Everett	056	Willapa Harbor Hosp. – South Bend
935	Green Mountain Rehab Medicine – Bremerton	003	Providence Med. Center – Seattle	102	Yakima Regional Med. Center
952	Gritman Medical Center – Idaho	159	Providence St. Peter Hosp. – Olympia	058	Yakima Valley Memorial Hosp.
020	Group Health Central Hosp. – Seattle	083	Puget Sound Hosp. – Tacoma		
169	Group Health Eastside Hosp. – Redmond	172	Pullman Memorial Hosp.	930	Alaska Hospitals
029	Harborview Med. Center – Seattle	129	Quincy Valley Hosp.	940	Idaho Hospitals (NOS)
142	Harrison Memorial Hosp. – Bremerton	162	Sacred Heart Med. Center – Spokane	945	Montana Hospitals
126	Highline Comm. Hosp. – Seattle	157	Saint Lukes Rehabilitation Institute – Spokane	920	Other British Columbia Hospitals
139	Holy Family Hosp. – Spokane	078	Samaritan Hosp. – Moses Lake	910	Other Oregon Hospitals (NOS)
200	Hospice Care Center Hosp. – Longview	043	Shriners Hosp. For Children – Spokane	960	All Other Hospitals
961	Inter-Island Medical Center – Friday Harbor	073	Skagit Valley Hospital – Mt. Vernon		
163	Island Hosp. – Anacortes	096	Skyline Hosp. – White Salmon	970	Doctor's Office, Nursing Home or Other Care Facility
085	Jefferson General Hosp. – Port Townsend	170	Southwest Wash. Med. Center – Vancouver	997	Field (Scene, Residence)
161	Kadlec Med. Center – Richland	912	St. Anthony Hosp. – Oregon	998	Rendezvous Point
039	Kennewick General Hosp.	132	St. Clare Hosp. – Tacoma		
966	Kittitas Cnty. Hospital District #2 – Cle Elum	201	St. Francis Comm. Hosp. – Federal Way		